



PRIVACY ACT RELEASE FORM
Workers Compensation Concerns

Name of Federal Employee: _____

Address

Contact Information

Work: _____
Home: _____
Mobile: _____
Email: _____

Employing Federal Agency: _____

Claim# _____ Date filed: _____ Has your condition been accepted? _____

If denied, have you appealed? _____ Date requested? _____

Have you attempted to contact your claims examiner? _____ Date(s) _____

Description of Problem: _____

Signature: _____ Date: _____

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. By signing this form, you agree to allow information related to your concern to be released to the Office of Congressman Frank M. Kratovil, Jr.

Please Mail or Fax to:

Congressman Frank M. Kratovil, Jr.
202 South Main Street
Bel Air, MD 21014-3820
(410) 420-8822
(410) 420-8825 (fax)

*Feel free to attach additional documents, comments, or information to this form.